## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/903947

|   |  | s   | SMALL ENTITY              |                                |                     | OTHER THAN        |             |                   |                        |      |                     |  |
|---|--|---|---------------------------|--------------------------------|---------------------|-------------------|-------------|-------------------|------------------------|------|---------------------|--|
| È   |  |   | (Column 1)                |                                |                     |                   |             | TYPE              |                        | OR   | SMALL               |  |
| TOTAL CLAIMS  |  |   | 15                        |                                |                     |                   | Γ           | RATE              | FEE                    | 1    | RATE                | FEE  |
| FOR   |  |   | NUMBER FILED              |                                | NUMBER EXTRA        |                   | E           | BASIC FEE         | 355.00                 | OR   | BASIC FEE           | 710.00   |
| TOTAL CHARGEABLE CLAIMS   |  |   | /5 minus 20=              |                                | • 0                 |                   |             | X\$ 9=            |                        | OR   | X\$18=              | _  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =               |                                | . 0                 |                   |             | X40=              |                        | OR   | X80=                |  |
| MU  | ILTIPLE DEPEN                                  | IDENT CLAIM P                             | RESENT                    |                                |                     |                   |             | +135=             |                        | OR   | +270=               |  |
| * If  | the difference                                 | in column 1 is                            | less than zero, enter "0" |                                |                     | column 2          | L           | TOTAL             |                        | OR   | TOTAL               | 710.   |
| CLAIMS AS AMENDED - PART II   |  |   |                           |                                |                     |                   |             | •                 |                        | •    | OTHER               | THAN   |
| (Column 1) (Column  |  |   |                           |                                |                     | (Column 3)        |             | SMALL E           | NTITY                  | OR   | SMALL               | The state of the s |
| AMENDMENT A   | 7  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA  |             | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE   |
|   | Total  | *   | Minus                     | **                             |                     | =                 |             | X\$ 9=            |                        | OR   | X\$18=              |  |
|   | Independent                                    | * NTATION OF MI                           | Minus                     | ***                            | CLAIM               | [=                |             | X40=              |                        | OR   | X80=                |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                           |                                |                     |                   |             | +135=             |                        | OR   | +270=               |  |
|   |  |   |                           |                                |                     |                   |             | TOTAL<br>DIT. FEE |                        | OR   | TOTAL<br>ADDIT. FEE |  |
|   |  | (Column 1)                                |                           | (Colur                         | nn 2)               | (Column 3)        | ^_          | DOIT. TEE         |                        | ,    | ADDIT. FEE          |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA  |             | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL  |
|   | Total  | *   | Minus                     | **                             | 7 011               | =                 |             | X\$ 9=            | _ FEE                  | OR   | X\$18=              | FEE  |
|   | Independent                                    | *   | Minus                     | ***                            |                     | =                 | l  -        |                   |                        |      |                     |  |
| ٧   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |                                |                     |                   | <b> </b>  - | X40=              |                        | OR   | X80=                |  |
|   |  |   |                           |                                |                     |                   | Ĺ           | +135=             |                        | OR   | +270=               |  |
|   |  |   |                           |                                |                     |                   | AD          | TOTAL<br>DIT. FEE |                        | OR , | TOTAL<br>ADDIT. FEE |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                           |                                |                     |                   |             |                   |                        |      |                     |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA  |             | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE   |
|   | Total  | *   | Minus                     | **                             |                     | =                 |             | X\$ 9=            |                        | OR   | X\$18=              |  |
|   | Independent                                    | *   | Minus                     | ***                            |                     | =                 |             | X40=              |                        |      | X80=                |  |
| Ĺ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                           |                                |                     |                   |             |                   |                        | OR   | 7,00-               |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                           |                                |                     |                   |             |                   |                        | OR   | +270=               |  |
| **  | If the "Highest Nu                             | mber Previously Pa<br>mber Previously Pa  | aid For" IN THI           | S SPACE is                     | s less tha          | n 20, enter "20." | " AD        | TOTAL<br>DIT. FEE |                        | OR , | TOTAL<br>ADDIT. FEE |  |
|   | The "Highest Num                               | nber Previously Pai                       | d For" (Total or          | Independe                      | ent) is the         | highest numbe     | er found    | I in the appr     | opriate box            |      |                     |  |